PART B - FEE(S) TRANSMITTAL send this form, together w pplicable fee(s), to: Mail Mail Stop ISSU Complete Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax This is should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where trespondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as nected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 05/18/2004 33197 STOUT, UXA, BUYAN & MULLINS LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. 4 VENTURE, SUITE 300 IRVINE, CA 92618 (Depositor's name) Francine **Sanders**s (Signature) August 2004 (Date CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE 10/26/2001 Michael W. Dae RADNT-031A 10/015.220 TITLE OF INVENTION: INTRA-AORTIC BALLOON COUNTERPULSATION WITH CONCURRENT HYPOTHERMIA SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE \$0 \$665 08/18/2004 YES \$665 nonprovisional ART UNIT CLASS-SUBCLASS **EXAMINER** 3763 604-509000 HAYES, MICHAEL J Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the Robert D. Buyan names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single $\hfill \Box$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or Stout, Uxa, Buyan agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or agents. If no name is listed, no name & Mullins, LLP will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Radiant Medical, Inc. Redwood City, California Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. 1 Issue Fee ☐ Payment by credit card. Form PTO-2038 is attached. Publication Fee The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $\underline{50-0878}$ (enclose an extra copy of this form). X Advance Order - # of Copies _____10_ Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Date) (Authorized Signature) NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in 08/24/2004 MMEKUNEI 00000070 500878 10015220 other than the applicant; a registered attorney or agent; or the assignee or oth interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. 665.00 OP 02 EC+1504 270:00 30:00 AD 08/27/2004 MMEKONE1 00000001 10015220

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

01 FC:2501 02 FC:8001

665.00 OP

30.00 DP